



HEARING AID DISPENSERS BUREAU

P.O. Box 980490, W. Sacramento, CA 95798-0490
 Telephone: (916) 574-7990 Fax: (916) 574-8645



BRANCH OFFICE APPLICATION

GENERAL INFORMATION

- A. Please **print/type** the information requested below. Partially completed applications will not be accepted.
- B. The initial fee for each branch office license is \$25.00. The annual renewal fee is \$25.00 for each branch office license and it will expire on the same date as your hearing aid dispensers license, regardless of issue date.
- C. A hearing aid dispenser branch office application must be filed for each branch office location. If the branch office changes addresses, you must apply for a new branch office license.
- D. Applicants **MAY NOT** fit and sell hearing aids at a branch location before receiving a license for that location.
- E. Our records will list the branch address as the mailing address for this location. If you are unable to receive mail at the branch (i.e., no street delivery), please indicate which address should be used for mailing.
- F. Please allow four weeks to process this application. When you receive the duplicate wall certificate, post in a conspicuous location.
- G. Mail application and fee to the Hearing Aid Dispensers Bureau, P.O. Box 980490, West Sacramento, CA 95798-0490.

Please Print Clearly

Name: (Last First, MI)	License Number:
Home Address: (Street, City, State, Zip Code)	Telephone Number:
Social Security Number:	Birthdate:
Branch Office Name:	Telephone Number:
Branch Office Address: (Street, City, State, Zip Code)	
Main Office Name:	Telephone Number:
Main Office Address: (Street, City, State, Zip Code)	

Please See Reverse Side for Information on Privacy

Information Collection and Access

The information in this application is mandatory and is maintained in accordance with the Business & Professions Code, Title 16, Division 2, Chapter 7.5, Section 3500 et seq. Failure to provide all or any part of the requested information will result in the application being rejected as incomplete. Information on the application may be transferred to other governmental or law enforcement agencies. Each individual has the right to review the files or records maintained on him/her by this agency subject to the provisions of the Information Practices Act except for those records that are exempt from disclosure.

Social Security Disclosure

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.